

CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

Ernie Fletcher Governor 275 E. Main Street, 6W-A Frankfort, KY 40621 (502) 564-4321 Fax: (502) 564-0509 www.chfs.ky.gov

Mark D. Birdwhistell Secretary

> Glenn Jennings Commissioner

September 27, 2006

RE: NEW CMS 1500 CLAIM FORM TO BE ACCEPTED BEGINNING OCTOBER 01, 2006

Specialized Children's Services Clinic (13) Provider Letter A-1; HANDS (15) Provider Letter A-1; Brain Injury (17) Provider Letter A-11; Preventive Services (20) Provider Letter A-15; School Based Health Services (21) Provider Letter A-4; CSHC (22) Provider Letter A-8; Title V/DSS (23) Provider Letter A-2; First Steps (24) Provider Letter A-2; Targeted Case Management (27) Provider Letter A-9; Children's Targeted Case Management (28) Provider Letter A-7; Impact Plus (29) Provider Letter A-2; Community Mental Health (30) Provider Letter A-77; Primary Care (31) Provider Letter A-361; Family Planning (32) Provider Letter A-17; Supports for Community Living (33) Provider Letter A-17; Rural Health Clinic (35) Provider Letter A-210; Ambulatory Surgical Center (36) Provider Letter A-26; Independent Laboratory (37) Provider Letter A-37; EPSDT (40) Provider Letter A-12; Model Waiver (41) Provider Letter A-11; Home and Community Adult Day Care (43) Provider Letter A-30; EPSDT Special Services (45) Provider Letter A-1; Hearing (50) Provider Letter A-20; Optician (52) Provider Letter A-11; Emergency Transportation (55) Provider Letter A-11; Emergency Transportation (55) Provider Letter A-12; Audiologist (70) Provider Letter A-2; Nurse Midwife and Nurse (72) Provider Letter A-4; Nurse Anesthetist (74) Provider Letter A-5; Optometrist (77) Provider Letter A-141; Certified Nurse Practitioner (78) Provider Letter A-9; Podiatrist (80) Provider Letter A-18; Clinical Social Worker (82) Provider Letter A-2; Chiropractor (85) Provider Letter A-9; Other Lab/X-Ray (86) Provider Letter A-14; Physical Therapist (87) Provider Letter A-2; Occupational Therapist (88) Provider Letter A-2; Sychologist (89) Provider Letter A-2; DME (90) Provider Letter A-29; Physician Assistant (95) Provider Letter A-26; HMO/PHP (96) Provider Letter A-1

Dear Kentucky Medicaid Provider:

Effective October 01, 2006, EDS will begin accepting the new CMS 1500 claim form. EDS will accept either the HCFA 1500 (12/90) claim form or the new CMS 1500 (8/05) claim form between October 01, 2006 and March 31, 2007. After March 31, 2007, the HCFA 1500 (12/90) claim form will no longer be accepted.

It should be noted that Dental services provided by a Primary Care Center or Rural Health Center must be billed on the HCFA 1500 (12/90) claim form until March 05, 2007.



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Billing instructions for the CMS 1500 (8/05) will be available September 29, 2006 at www.kymmis.com. If you any questions, please contact EDS Provider Relations at 1-800-807-1232.

Additional updates will be distributed to providers, as well as notifications regarding workshop locations, dates and times in the near future.

Sincerely,

Glenn Jennings Commissioner

XC: Special Children's Services Clinic (13) Provider Letter A-1; HANDS (15) Provider Letter A-1; Brain Injury (17) Provider Letter A-11; Preventive Services (20) Provider Letter A-15; School Based Health Services (21) Provider Letter A-4; CSHC (22) Provider Letter A-8; Title V/DSS (23) Provider Letter A-2; First Steps (24) Provider Letter A-2; Adult Targeted Case Management (27) Provider Letter A-36; First Steps (24) Provider Letter A-36; First Steps (24) Provider Letter A-7; Primary Care (31) Provider Letter A-36; First Steps (24) Provider Letter A-7; Primary Care (31) Provider Letter A-36; First Steps (24) Provider Letter A-16; Provider Letter A-16;

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